



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5482

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER 10/680,304 | FILING DATE 10/08/2003 RULE | CLASS 324 | GROUP ART UNIT 2859 | ATTORNEY DOCKET NO. 34-124 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

Frederick Thomas David Goldie, Worthing, UNITED KINGDOM;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 0223684.2 10/10/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/31/2003

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWING 4 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

23117
 NIXON & VANDERHYE, PC
 1100 N GLEBE ROAD
 8TH FLOOR
 ARLINGTON, VA
 22201-4714

TITLE

Gradient coil structure for magnetic resonance imaging

| | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|